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V. B. 11

Patent
S.N. 09/642,911
6822/62934

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

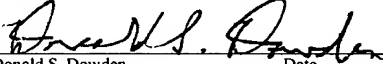
Applicant: Mitsunori Okagaki
Serial No.: 09/642,911
Filed: August 21, 2000
For: COMMUNICATION TERMINAL
Group Art Unit: 2672
Examiner: Ryan R. Yang

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I hereby certify that this paper is being deposited this date with the U.S. Postal Service in first class mail addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Donald S. Dowden
Reg. No. 20,701
Date
July 22, 2003

COOPER & DUNHAM LLP
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400
July 22, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE TO OFFICE ACTION

This is in response to the Office Action mailed May 6, 2003. Please amend the application as follows:



2672

Patent
S.N. 09/642,911
6822/62934

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mitsunori Okagaki
Serial No.: 09/642,911
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Mail Stop Non-Fee Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

_____ a verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	FEE			
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	2	* 20	*** 0	9	18	\$	\$0
Indepen- dent Claims	2	** 3	*** 0	42	84	\$	\$0
Multiple Dependent Claims Presented _____ Yes For First Time: _____ No				140	280	\$	\$0
				TOTAL ADDITIONAL FEE		\$	\$0

Amendment Transmittal Letter
Page 2

- *If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- **If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- ***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

"The HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

____ Please charge Deposit Account No. 03-3125 in the amount of \$____.
Three copies of this sheet are enclosed.

____ Applicant hereby petitions for a ____ month extension. Our check in the amount of ____ is enclosed.

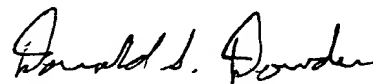
X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Two copies of this sheet are enclosed.

X Any additional fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Dated: July 22, 2003

Respectfully submitted,



William E. Pelton
Registration No. 25,702
Donald S. Dowden
Registration No. 20,701
Attorneys for Applicant
Copper & Dunham LLP
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400